



U.S. CONGRESSMAN FILEMON VELA TX-34

PRIVACY ACT CONSENT FORM

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Cellular (optional): _____

Date of Birth (MM/DD/YYYY): _____ Email: _____

A#/SRC#/VA#/Other claim #: _____ Social Security #: _____

Home of Record: _____

(If different from mailing address)

Describe the problem and state how you would like Congressman Vela to assist you. (Please attach copies of documents that may be useful to resolving your problem.): _____

I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and any document submitted with it to be complete, true, and correct. In accordance with the PRIVACY ACT, I hereby give Congressman Filemon Vela and/or specify _____ to act on my behalf to obtain and share with Congressman Vela's caseworker ANY INFORMATION NECESSARY TO ASSIST ME WITH THE REQUESTED DISPOSITION OF MY CASE.

Constituent (print name)

Constituent (signature)

This request must be signed by the person needing assistance (or legal guardian) and returned to Congressman Vela, 333 Ebony Avenue, Brownsville, Texas 78521. Telephone (956) 544-8352 or Fax: (956) 280-5114.